

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082779

1. Entity Name

COMMERCE & GENERAL SERVICE CORP.

FILED

May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90007 040 \*\*\*150.00

Principal Place of Business

Mailing Address

731 IOWA WOODS CIRCLE EAST  
ORLANDO FL 32819

731 IOWA WOODS CIRCLE EAST  
ORLANDO FL 32824-8635

2. Principal Place of Business

430 N.E 191 Street

Suite, Apt. #, etc.

3. Mailing Address

430 N.E 191 Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

North Miami Beach, Florida

City & State

North Miami Beach, Florida

4. FEI Number

65-0957984

☒ Applied For

☐ Not Applicable

Zip

33179

Country

U.S.A.

Zip

33179

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIA FERNANDA TENORIO MARIN  
731 IOWA WOODS CIRCLE EAST  
ORLANDO FL 32819

Name

MARIA FERNANDA TENORIO MARIN

Street Address (P.O. Box Number is Not Acceptable)

430 N.E 191 Street

City

North Miami Beach

FL

Zip Code

33179

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Agusto Arturo Rojas - Presidente*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04, 24, 2000

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	AGUSTO ARMANDO ARTURO ROJAS	
STREET ADDRESS	731 IOWA WOODS CIRCLE EAST	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MARIA FERNANDA TENORIO MARIN	
STREET ADDRESS	731 IOWA WOODS CIRCLE EAST	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Agusto Arturo Rojas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04, 24, 2000

Daytime Phone #